

devote his attention in the meantime to daily ablutions until he is purified from the contaminating influence which attends him. Now if it be true, as it undoubtedly is, that the contagium of erysipelas is capable of developing in a puerperal woman genuine puerperal fever—and indeed the opinion is prevalent among the French that every case of puerperal fever is an erysipelatous inflammation of the peritoneum—it follows that during epidemics of erysipelas the practice of midwifery must be relegated entirely to inexperienced women—technically called midwives. There is no doubt that the doctor assumes some risk in attending the lying-in chamber while being daily exposed to the virus of erysipelas; still I believe it is quite possible for the accoucheur to so thoroughly disinfect himself, as to guard effectually against the danger of communicating such specific poison to his patient. During the past spring an epidemic of erysipelas spread over this district and several deaths from it, as well as from puerperal fever, were reported. One woman was confined in the same room where slept a child suffering from suppurating erysipelas of the head and face. She died from puerperal fever six days after confinement. The child was removed as soon as the physician arrived, but too late to protect the woman, who was already through with her labor and had flowed some before the doctor reached her.

I continued my midwifery practice as usual, although I was at the time in daily attendance on cases of erysipelas, some of which were of the phlegmonous variety, which is said to be more virulent than the simple cutaneous non-suppurating type. I adopted a rigid system of disinfection daily, taking a general bath after returning from my erysipelas patients, sponging the body—especially the hair and whiskers—with a carbolic lotion, using carbolic acid freely in the lying-in room; never wearing clothes that had been exposed to any infectious diseases. I handled my patients as little as possible, and used as a lubricant, carbolized tallow softened with turpentine. I observed in two cases where there was slight laceration, and where I was extremely anxious to guard against septic absorption, keeping the raw surface covered by a piece of lint soaked in a 2% solution of carbolic acid and using a carbolized vaginal douche three times a day, that after forty-eight hours the patients suffered retention of urine; using the

catheter and discontinuing the use of carbolic acid for a couple of days, had the effect of restoring the normal function of the bladder, which I believe was paralyzed by absorption of the acid. My precautions may have been overdrawn, but I had the satisfaction of seeing all my patients do well, not one of the twelve I attended during the epidemic manifesting any symptoms of septic poisoning.

THE GROWTH OF A PROFESSION.

Abstract of the address delivered before the Canada Medical Association, in Chatham, Ontario.

BY WILLIAM OSLER, M.D., M.R.C.P., LOND.

President of the Association, Professor of Clinical Medicine in the University of Pennsylvania, Philadelphia.

The incorporated body of the profession in each province of Canada is variously known as the "College of Physicians and Surgeons," the "Medical Council," or the "Medical Board," and, as you are all well aware, by the Act of Confederation, each province is left to regulate its own educational affairs. Within the past ten or twelve years, so many important changes have been effected, particularly in the older provinces of Ontario and Quebec, that the boards are gradually approaching a state of efficiency.

As regards education, the ideal board should perform the following duties: 1st. Test the fitness of young men to enter upon the study of medicine; 2d. Order the curriculum in a manner best suited to the country and the requirements of modern medicine; and, 3d. Control absolutely the examinations for the license to practise. Upon each of these points I propose to make a few remarks, referring particularly to existing conditions:

1. Preliminary education and matriculation. In most of the provinces a thoroughly satisfactory system prevails, and a young man, before entering upon the study of medicine, must give evidence that his general education is of such a nature as will enable him to pursue intelligently the study of a learned profession. A board should control its own matriculation examination, and should accept no other. It is directly responsible to the profession that no incompetent person shall be admitted to study. The check comes lighter to a young man, and is more easily borne at this time